

ENROLMENT FORM

Please Note: The information on this form is required by the Education and Care Services National Regulations 2011. Information provided is confidential. It is for the sole use of the Centre and information cannot be provided to other parties without your written permission.

CHILD'S DETAILS:

GIVEN NAMES		SURNAME			
MALE / FEMALE	DATE OF BIRTH:	PLACE OF BIRTH:			
ADDRESS					
Postcode					
RELIGION			PRIMARY LANGUAGE		
ENROLMENT DETAILS: DAYS ENROLED:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Commencement date:	Indicated Hours of Attendance: Arrival Time:		Departure Time:		

MOTHER'S DETAILS: GIVEN NAMES:

SURNAME

Other Names Mother has been known by:

ADDRESS: (if different to child)

Postcode

TELEPHONE: (Home)

(Mobile)

MARITAL STATUS: Single / Married / Separated / Divorced / Partner

Date of Birth:

EMPLOYER'S NAME:

OCCUPATION:

WORK TELEPHONE:

WORK HOURS: From

To

Family Assistance Office	Mother:	Child:
Customer Reference Number		

FATHER'S DETAILS: GIVEN NAMES:

SURNAME:

ADDRESS: (if different to mother)

Postcode

TELEPHONE: (Home)

(Mobile)

MARITAL STATUS: Single / Married / Separated / Divorced / Partner

Date of Birth:

EMPLOYER'S NAME:

OCCUPATION:

WORK TELEPHONE:

WORK HOURS: From

To

PARTNER'S DETAILS (If living with you for Emergency Contact or Collecting Child)

GIVEN NAMES:

SURNAME:

TELEPHONE: (Home)

(Mobile)

EMPLOYER'S NAME:

OCCUPATION:

WORK TELEPHONE:

WORK HOURS: From

To

Is there anyone who is prohibited from having contact with or collecting your child? YES/NO

Details

Are they current Court Orders, parenting plans or parenting orders in relation to your child? YES/NO

If yes please provide

MEDICAL DETAILS

Doctor's Name:
Address:
Telephone

In the case of a medical or dental emergency can we release your child to his or her doctor? YES / NO

Does your child suffer from any of the following: (Please indicate YES or NO)
 Speech Difficulties _____ Sight Difficulties _____ Hearing Difficulties _____ Balance Difficulties _____
 Muscle Control _____ Global Delay _____ Other (Please specify) _____

Is your child on any regular medication? YES / NO If YES please provide details

MEDICARE NO _____

PRIVATE HEALTH COVER: Fund _____ Number _____

IMMUNISATION

Has your child been immunised? **YES / NO**.
 If YES please supply evidence of immunisation eg. Blue Book or a certificate from your Doctor.

EMERGENCY CONTACTS –

List at least two (2) people (other than parents) who are authorised to collect your child AND that we may contact if we cannot contact you in an emergency. We will only release your child to persons authorised by you

Person's Name:			
Phone No. Home:			
Work:			
Mobile:			
Relationship to Child:			
Emergency Pick Up	YES / NO	YES / NO	YES / NO
Daily Pick Up	YES / NO	YES / NO	YES / NO

In the event of an emergency, illness or accident concerning to my child and the Centre being unable to contact myself or the other persons listed above, I consent to the Centre seeking and obtaining on my behalf medical, dental*, hospital attention or ambulance service for my child. I accept liability for any medical, dental or hospital expenses and Ambulance cost as may be incurred.

(*Plumpton Marketplace Dental Centre, Jersey Road (Cnr. Hyatt Road), Plumpton will be used for emergency dental treatment unless another dentist is named on this form)

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____

ROUTINES**Sleep**

Pre-sleep routines/rituals _____

(e.g. bottle, dummy, security toy etc.)

Times: _____ Length of sleep/s: _____

Eating Our Weekly Menu is on display in the foyer.

Food dislikes or eating problem _____

Food likes or eating preferences _____

Foods not permitted _____

Reason (e.g. religious, allergy etc.) _____

Allergy Report Form must be completed and signed by your doctor if your child is allergic to any food

NOTE For a child under the age of nine (9) months no new food will be offered unless previously discussed with parent.**BOTTLE / CUP ROUTINE** (Please indicate) CUP/BOTTLE _____ BOTH _____

Formula YES / NO (Please provide) Quantity _____

Milk YES / NO Quantity _____ Juice YES / NO

Comforting

Does your child have a security object/toy YES / NO Name _____

Does your child use a Dummy YES / NO When _____

Other information that may help carer _____

Does your child have any fears? _____

Toileting/Nappy Changing**(Note: For hygiene reasons please supply disposable nappies)**

Is your child toilet trained YES / NO / Training

If YES do they require a nappy at rest time YES / NO

Does your child require lotion or ointment? _____

Please provide the centre with written authorisation to apply nappy creams. Medicated creams or lotions require a letter of authorisation from your child's doctor. See staff for details

HEALTH HISTORY

Was your child a premature baby **YES/ NO**? If yes how long _____

Have they had any significant illnesses in the past? _____

Has your child been hospitalised for any reason? _____

Allergies - Does your child suffer from any allergies? **YES / NO**

If **YES** you must supply a completed Allergy Record Form signed by your doctor. This form is to be updated every six months.

Asthma - Does your child have Asthma? **YES / NO**

If **YES** you must supply a copy of your child's Asthma Management Plan signed by a doctor. This form is to be updated every six months.

BEHAVIOUR

Are there any behaviours you would like us to pay particular attention: _____

Is there any other information about your child that you feel would be of importance to us? _____

FAMILY BACKGROUND

Parents Country of birth: Mother _____ Father _____

Is another language other than English spoken home? **YES/NO**

If **YES** what language _____

Can your child speak English? **None / a little / mostly / fluently**

If your child has difficulty with English to assist staff to settle in and comfort your child it would be appreciated if you could let us know some of the key words or phrases that they could use. _____

Cultural or religious festivities celebrated _____

When are these celebrated _____

Siblings (Name, Age and Gender) _____

Are there any other adults at home? **YES/NO**

If **YES** who and what is their relationship to the child? _____

PARENT / GUARDIAN PERMISSION FORM

I hereby authorise the staff of Oakhurst Pre-School to:

1. Apply SPF50+ broad-spectrum sunscreen to my child, in accordance with your Sun Protection Policy. YES / NO If NO please supply alternative sunscreen.
2. Administer first aid treatment for my child as deemed necessary by staff holding an appropriate First Aid Certificate. An accident report will be completed to be signed by the parent/guardian. YES / NO
3. I give permission for my child to be:
 - a) Photographed for use a) within Centre, b) for advertising, c) in newsletter or d) Web page
 YES / NO (Please cross out any not allowed)
4. Observed by a student, as part of student's course, and understand that that my child's name will not be used in any of the student's reports YES / NO
5. I authorise staff to release my child to those persons listed as my emergency contacts and daily pickups. YES / NO

Parent/Guardian Signature _____ Date _____

CHILD CARE BENEFIT

Do you choose to receive Child Care Benefit Payment as a weekly fee reduction? YES / NO
Or as lump sum payment on your annual taxation return? YES / NO

Has your child attended another approved childcare service in the current financial year? YES / NO

Does your child continue to attend the other approved childcare service on other days? YES/NO

Do you have any other children attending an approved childcare service eg Family day care, Before and After School care, Vacation Care or another long day care centre? YES/NO

Advise Family Assistance Office of any changes to your circumstances.

TERMS AND CONDITIONS OF ENROLMENT Please read carefully

1. Oakhurst Preschool is open for 50 weeks of the year. The centre is closed for a 2-week period over Christmas and New Year holiday period. **Our licensed hours of operation are 7.00am to 6.00pm Monday to Friday.**
2. Allocated days and times are permanent and not flexible or transferable however, transfers may be negotiated depending on vacancies or ability to move the children of a non-working parent.
3. **Fees have to be paid even if your child is absent on a particular day or days including periods of illness and parents annual leave. The Centre is to be notified when your child will be absent.**
4. Fees have to be paid for Public Holidays other than those during the Christmas break.
5. **An enrolment fee of \$200.00 is due on acceptance of a position.** Your Fees are \$____a day less Child Care Benefit entitlement. If your fees fall in arrears your position may be declared vacant. Full fees will be charged until the centre receives notice from Centrelink of your CCB.
6. Fees are to be paid on your child's first day of attendance each week (unless other arrangements have been organised). If fees are paid fortnightly or monthly then they must be in advance for the same period.
7. The centre has a priority of access that is adhered to and the Director may need to change your days to accommodate a child with a higher priority, this is a requirement of Child Care Benefit Payments Scheme. The Centre has the right to ask for proof of work or study (e.g. payslips, proof of course etc.) to establish your priority.
8. **A late fee of \$35.00 will be charged if a child is left after the Centre's closing time (6.00pm), up until 6.15pm and then \$5.00 for every 5 minutes thereafter. If a parent is late more than 3 times per calendar year their child's position may be declared vacant.**
9. The Centre is to be notified of any change to your child's details (e.g. address, phone number, emergency contacts, etc.)
10. A record of your child's immunisation is required for the records. You will be required to keep this information up to date. Children who are not immunised will not allowed to attend the centre when an outbreak of a contagious disease occurs and they will not be allowed to attend until the outbreak has cleared (Fees will have to be paid during this period). This is a requirement of the NSW Health Department.
11. The centre must be provided with your child's birth certificate or passport within six weeks of accepting your child's place. A copy of this will be kept on file by the centre in line with National Regulations.
12. **Sick children are not allowed to attend the centre until well – the Nominated Supervisor will make the final decision. Children on antibiotics or anti-fungal medications are not to attend the Centre for a minimum of 24 hours of commencement of the medication. Children are not to attend the centre for 24 hours after vomiting, a temperature over 38°C or diarrhoea. NO over the counter medications will be given without an authorisation letter from your doctor and all prescription medicine will be only administered as per doctor's instructions and ONLY with your written permission.**
13. A copy of any court order affecting your child must be provided to the Centre.
14. Two weeks notice is required of your intention to withdraw your child from the centre or to reduce the number of days your child attends.
15. The staff of Oakhurst Preschool is Mandatory Reports of child abuse and neglect.

I agree to abide by the above-mentioned Terms and Conditions and declare that all information given in this form to be correct to the best of my ability.

Parent/Guardian Name _____

Parent / Guardian Signature: _____ Date: _____